

EXHIBIT K

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF DEMETRIUS BROWN	COURT CASE NUMBER 1:04-cv-379
DEFENDANT JOHN J. LAMANNA	TYPE OF PROCESS SUMMONS

SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
 JOHN J. LAMANNA
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 Federal Correctional Institution McKean, Route 59, Big Shanty Road,
 P.O. Box 5000, Lewis Run, PA. 16738

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Demetrius Brown
Reg. No. 21534-039
FCI RayBrook
P.O. Box 9001
RayBrook, NY. 12977

Number of process to be served with this Form 285	1
Number of parties to be served in this case	9
Check for service on U.S.A.	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

The Defendant is hereby summoned and required to serve upon Plaintiff, Demetrius Brown, whose address is stated above, an answer to the complaint which is herewith served upon you, within 60 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. The nature of this action is a Tort Claim for personal injuries suffered due to ETS in which relief is for ten million dollars; filed with Clerk for W.D.PA.

Signature of Attorney or Originator requesting service on behalf of: <i>Demetrius Brown</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 8/30/05
--	---	------------------	-----------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

Acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	---------------------------	--------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date *8/30/05* Time ☐ am ☒ pm

Signature of U.S. Marshal or Deputy
Tracie Blum

Service Fee <i>gla</i>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges <i>gla</i>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <i>\$1,802</i>
---------------------------	---	----------------	-----------------------------	------------------	---

REMARKS: 01C/w marked 09/14/05

09/27/05 RETURNED TO COURT UNEXECUTED - NO SUCH NUMBER PER COPY OF ENVELOPE.

NT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00



REASON CHECKED

Unclaimed ☐ Refused ☐
 Addressee unknown ☐
 Insufficient Address ☐
 No such street number ☒
 No such office in state ☐
 Do not re-mail in this envelope ☐

JOHN J. LAMANNA
 FCI MCKEAN
 ROUTE 59, BIG SHANTY RD
 P.O. BOX 5000
 LEWIS RUN, PA 16167